Status of NH National Guard deployed units as of April 13, 2004

Total number of NH National Guardsmen: 2,700

NH Army National Guard: 1,700 138 in Iraq, 22 in Afghanistan

NH Air National Guard: 1,000 9 in Iraq, 5 in Diego Garcia, 1 in Germany

Number of NH Guardsmen deployed overseas: 175

- **1. Combat Service Support Team, 3rd Brigade.** 17 soldiers representing different NH Army National Guard units and specialties in Afghanistan to provide mentorship to Afghan National Army.
- 2. 260th Air Traffic Control Squadron, Operations Support Flight, Mission Support Flight NH Air National Guard based at Pease in Newington. 6 airmen from ATC, 2 airmen from Operations Support Flight, 1 airman from Mission Support Flight in Iraq.
- **3.** 1st Battalion, 172nd Field Artillery, Rear Area Operations Center. 28 soldiers representing different NH Army National Guard units for command and control mission in Iraq.
- **4. 1159**th **Medical Company (Air Ambulance) based in Concord.** 110 soldiers conducting medical evacuation missions in Iraq.
- **5**. **NH Army National Guard Medical Team**. 5 soldiers supporting medical missions in Afghanistan.
- 6. 2nd Battalion, 197th Field Artillery based in Berlin with armories in Lancaster, Littleton, Plymouth, Woodsville, Lebanon and Franklin. 37 soldiers completed a two-week small unit exchange to El Salvador, Central America in March as part of the NH National Guard's State Partnership Program. In June, a group of soldiers from the Salvadoran Armed Forces artillery brigade will participate in a two-week exchange with 2nd Battalion during its annual training in Gagetown, Canada.

<u>UPDATES FROM UNIT COMMANDERS IN THEATER</u>

Editor's Note: The following updates were emailed by the unit commanders. They were slightly edited for grammar and operational security. Since the last update in February, about 850 NH Army National Guardsmen have returned from deployments in Iraq and Afghanistan. About 175 NH Guardsmen are currently deployed.

Combat Service Support Team, 3rd Brigade

Maj. Ralph Huber of Newmarket is the commander of the Combat Service Support Team, which arrived in Afghanistan in August 2004 and is providing mentorship and training in a variety of specialties to the 5th Kandak, 3rd Brigade of the Afghan National Army (ANA).

The 5th Kandak, 3rd Brigade (a <u>kandak</u> is a battalion in the Afghanistan Army) has had a busy and productive month. The training focus has been on developing and enhancing the skills of the kandak battle staff. To that end, the kandak graduated nine officers from the 12-week staff training course. The training focused on the military decision making process (MDMP) which is the methodology used by military staffs to analyze missions and to develop an operations order to accomplish an assigned mission. **Capt. Justin Chumak of Concord**, the advisor to the operation's officer, remarked that this training gives the kandak staff the basic skills needed to organize the staff team and plan missions in a comprehensive detailed manner.

The kandak's first test of its new skills came on Feb. 7 when an Afghani airliner, which was reported missing two days earlier, was found on the mountain Chaperi Ghar southeast of Kabul. The Afghan National Army quickly deployed the 2nd Kandak, 3rd Brigade to the area to establish security and prepare for recovery operations. The 5th Kandak was ordered to establish a Forward Logistics Element (FLE) to provide food and fuel for the deployed soldiers. This was the first time that any kandak actually deployed in a combat service support role to support another kandak. The 5/3 staff had to plan the support mission and deploy in under two hours. **Capt.**John Quinlan of Mont Vernon, the logistics advisor, commented that the mission was very well planned and executed by the ANA.

The 5th Battalion continued to support operations to recover bodies from the crash. Quinlan and **Staff Sgt. Roy Lowes of Wolfboro Falls** participated in a mission lead by **Maj. Thomas Mack of South Carolina.** This was a successful mission which identified the main debris field and recovered several remains. I lead a team consisting **Chief Warrant Officer Gilbert Colon of Rochester**, two members of the South Carolina National Guard and 40 Afghan National Army soldiers. This was a successful mission, which recovered the remains of 17 people plus personal effects and identification.

Quinlan said that it was a terrible tragedy but it feels good to help bring closure to the families who lost loved ones. It will most likely take a month or more to recover all of the remains because of the location and harsh weather conditions at the summit. It is interesting to note that this effort to recover the bodies is being undertaken by the entire coalition in Afghanistan. The manpower is being provided by the ANA and technical support is being provided by the United States and other coalition partners which include soldiers from Germany, France, Spain, Canada, and several others nations.

Also, this month the kandak completed another checkpoint mission. It is part of a series of missions that the kandak has been tasked with in and around the Kabul area. 1st Lt. Brett Vuyovich of Haverhill commented that these checkpoints let the people know that the ANA is working to keep all Afghani's safe. It also emphasizes to the criminal elements and anticoalition militias that the central government is serious about reducing crime, illegal drug smuggling, and illegal military activity.

"This is the type of mission we can be proud of," said **Staff Sergeant Leo Enos of Lancaster**.

The embedded trainers (ETTs) have also had a busy month. Four ETT's were awarded the Army Commendation Medal for combat actions in the city of Herat on Sept. 12, 2004. The citation commends them for "directing the actions of ANA soldiers in the dispersion of crowds… threatening the security of Herat and the safety of its citizens."

The citation explains that these actions we carried out under direct fire and periodic grenade explosions. Receiving awards were **Huber**, **Chumak**, **Enos**, and **Lowes**. The individual awards are in reality a direct reflection of the hard work and dedication of all of the team members and their ANA counterparts. Also, receiving an award this month was **Command Sgt. Maj. Stephen Barrett of Canterbury** who was awarded the Combat Infantry Badge for "courage under fire."

1st Battalion, 172nd Field Artillery, Rear Area Operations Center

Col. David Mercieri of Barrington is commander of 1-172nd FA, RAOC which is supporting a command and control mission in support of Operation Iraqi Freedom. The team arrived in Iraq in December 2004.

The 1-172nd FA RAOC has been in theater for a little over 100 days. Our headquarters is located at Tallil Air Base in the southeastern part of Iraq near the city of An Nasariyah.

Our primary mission has remained the same, Garrison Command Support for the installation. We manage the installation base master plan, develop joint force protection and anti-terrorism programs, manage all base infrastructure (existing and new construction), Department of Public Works, terrain management, providing basic garrison support to include billeting, morale and welfare programs and providing law and order for the base. Things have been very busy lately in our daily operations. Capt. Davis Ulricson of Ashland has been steadily improving the interior section of our base with additional force protection measures. Capt. David Fink of Manchester has been working in our Combined Defensive Operations Center (CDOC) and is steadily improving our outer perimeter with force protection measures. Sgt. 1st Class Stephen Banks of Chelmsford, MA with Sgt. Paul Marcoux of Portsmouth, Sgt. John Lenotte of Nashua and Spc. Christopher Weinard of Manchester have been working at our Visitor Control Center managing a very much needed local labor pool. This program employs local Iraqis to help build our base and to provide a much needed income to these local nationals. Master Sgt. Clifford (Scott) Monroe of Nashua and Staff Sgt. Timothy Swan of Concord work at our Garrison centralized help desk answering questions throughout the day. They have assisted hundreds of soldiers both US and Coalition forces with various issues and continue to make a positive impact every day.

The RAOC Team members continue to amaze me with their forward thinking and pro-active attitudes. I am so proud of how they have come together as a team and the many innovative

ideas and solutions to problems they have implemented (a little Yankee ingenuity) in this span of time.

What is also unique about Base Camp Adder is that it is run by National Guard units. The installation commander's unit is from the Alabama Army National Guard. The garrison command is of course from the NH Army National Guard. The other major commands that are tenants include the 194th Engineer Brigade from the Tennessee National Guard and the 56th Brigade Combat Team from the Texas National Guard. There are several other Army National Guard units from Washington, New York and Colorado. The National Guard has a large presence here and we continue to make a difference.

As we continue with our mission our team remains focused. We continuously strive to make a difference at our base.

1159th Medical Company (Air Ambulance)

Maj. Keith Farrar of Ossipee is the commander of the 1159th Medical Company, which arrived in Iraq in February. The unit is conducting medical evacuation (medevac) mission in northern Iraq.

The last few months have been very busy for the 1159th. As of April 5, the 1159th has flown more than 315 patients on 448 missions in a little over 800 flight hours. We provide medevac support to the units that operate in northern Iraq, to include US Forces and the Iraqi National Guard.

Our soldiers are divided up into four groups, three Forward Support Medical Teams (FSMT's) and one area support element. The FSMT's are stationed in Talafar, Mosul, and Kirkuk. The main element is located in Tikrit. Each element supports a local combat support hospital (CSH) or forward surgical team (FST). The unit is on call 24 hours a day to transport wounded soldiers and critical medical supplies (such as blood and oxygen), as well as transport wounded but ambulatory patients to higher medical care. The unit will also handle and transport wounded enemy prisoners of war

A typical mission for the unit may work like this:

The time is 2330 hours (11:30 p.m.), and the aircrews and medics are trying to get some sleep, having been up most of the day on other missions or working on aircraft. A call comes into the operations center with a medevac request. A soldier was wounded on a convoy route and is bleeding profusely from open wounds and has several broken bones.

The operations center takes the call and talks with the combat life saver at the scene, getting the required information to launch a flight. (type and extent of injury, location, radio frequencies used, tactical situation, on site conditions, etc.) While the conversation is taking place, the crew is woken up and readies for the flight, getting dressed and heading for the flight line. The Pilot in Command gets the briefing from operations and joins the crew at the aircraft.

The aircraft has already been pre-flighted (prepped) earlier in the day and run-ups completed. As the pilots and crew chief check the aircraft, the medic starts checking supplies and getting ready for his patient. Time elapsed is five minutes. The crew finishes the walk-around, dons flak jacked and survival vest, and buckles into the aircraft.

Helmets, flight gloves, and night vision goggles are fitted. The checklist comes out, engines are started, time elapsed is 10 minutes. Final adjustments are made to night vision goggles, and radio frequencies and navigational coordinates double checked. Tower is called for takeoff

clearance, "Speicher Tower, Smuggler 51 in medevac parking, urgent medevac, request immediate departure."

Clearance is received, before takeoff check done, power checked, and the aircraft is on its way, at 300 feet above the ground and 140 knots airspeed. Time elapsed 15 minutes.

The aircraft arrives at the scene within 10 minutes. En route radio traffic updates the operations center with our position, and communications with the ground unit keeps the aircrew aware of the tactical situation. The aircraft lands in the middle of the road in the area cleared by the ground unit. The medic takes his aid bag and leaves the aircraft and goes to the site of the wounded soldier, the crew chief leaves the aircraft and stays connected to the aircraft and in communication with the pilots by his ICS cord so that he can guard the aircraft and assist the medic if required.

The presence of the medic, crew chief, and the helicopter helps calm the soldiers at the scene of the accident. The medic assesses the patient's condition and stabilizes him for a trip to the hospital. A litter team is organized, the patient loaded aboard the aircraft, doors and people secured, and the aircraft takes off for its return trip. Elapsed time is 30 minutes.

En route, the medic cares for the patient. The crew chief may help stop bleeding or help open an airway. A determination is made to take him to the CSH. The pilots determine the most direct route and fly the aircraft. Communications are established with the hospital and information exchanged concerning the patients condition and time en route.

The call is made, "Smuggler 51 is two minutes out," and the hospital litter team gathers at the pad to move the patient to surgery. The aircraft touches down, doors open, and the crew chief helps direct the team to the patient. The medic continues to work on the patient and accompanies him into the hospital where he briefs the doctors on what has been done. Elapsed time to the pad since the call is now 42 minutes and the patient is in the operating room.

The aircraft returns to the airfield, but the mission isn't over yet. The aircraft is parked, refueled, and post-flighted so as to be ready for the next mission. The aircrew returns to operations, completes all the paperwork, gets ready for another call, and the cycle begins again.

As a commander, I can not say enough good things about the soldiers and the job that they are doing. The unit officially assumed the mission on Feb. 14 and since then has consistently fielded aircraft and flight crews to fulfill all requested missions, frequently lifting off within 15 minutes of receiving the request for medevac coverage.

The maintenance crews have worked around the clock to keep aircraft flying, and are the unsung heroes of this mission. When you think that approximately three hours of maintenance are required for every hour flown, it gives you an idea of the amount of work that takes place behind the scenes. The unit does not move unless all vehicles are operational (motor pool), soldiers are fed (food service), radios work (avionics), aircraft refueled (POL), or missions organized (operations).

The unit has received numerous laudatory comments for its work. I would close with a statement received by me from the commander of the local field hospital, Col. Walker, which summarizes the good job that these soldiers are doing:

"I would compliment the 1159th in the manner in which you have supported the 228th CSH and all units in the (forward operating bases) and surrounding areas. The promptness with which you respond to calls, the obvious professionalism and abilities of your flight crews and flight medics, and your attitude of cooperation and team spirit have given us a level of confidence in our air medevac assets heretofore unknown. If anything, we are often left scrambling to keep up with you. We welcome and appreciate the opportunity to work with you on common issues."

I can think of no finer praise for our soldiers than this letter from another commander. My thanks to the soldiers of New Hampshire and Maryland for making the mission successful (a detachment from Maryland is attached to the 1159th.

NH Army Guard Medical Team

Ist Lt. Christopher Meals of Woburn, MA, a physician's assistant, is team leader of the fivesoldier team, which arrived in Afghanistan in January to support a variety of medial missions. The unit's name and details about its location and activity are classified.

The last month has been a busy month for the medical team between routine sick call, trauma management, medical training, and Combat Life Saver training. Sgt. John Wilder of Stoddard successfully stabilized a patient with several fractured ribs who is recovering stateside. Staff Sgt. Joanne Desruisseaux of Manchester continues to enhance competency of the CLSs through her sustainment training program.

Sgt. Gregory Bisson of Barrington manages the camp's preventative medicine measures with receiving high marks during recent preventative medicine survey of the camp. I am also pleased to announce the promotion of **Spc. Robert Pratt of Lyman** to the rank of sergeant which is well deserving for the former Navy Petty Officer and Corpsman.

In addition to supporting soldiers of the camp, we continue to provide medical care to local Afghanistan Nationals. Due to no Afghanistan physician in the immediate area, many medical conditions are grossly mismanaged and present with significant complications. The acting local physician is actually the veterinarian.

We take great pride in providing care to the locals as it helps justify being away from our friends and family. I think **Pratt** said it best with "The way we will win this war is through kindness and compassion. By doing so, you will win their hearts and minds."

I am very proud of the medical team. They have performed exceptionally well under stressful conditions. I am particularly amazed with the results considering we never worked together prior to the deployment.